

## STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

Date Stamp	
Reviewed by:	

## PROOF OF APPROPRIATION OF WATER

PERMIT NUMBER				CHANC	SE APPROVAL	NUMBER					
NAME OF PERMITTEE				CONTAC	T NAME (IF DI	FFERENT)					
MAILING ADDRESS (STREE	ILING ADDRESS (STREET) (CITY)				(STATE)				(ZIP CODE)		
PHONE NUMBER			FAX NU	JMBER )							
SOURCE(S) OF WATER				NO.	F SOURCE(S)	1/4	SECTION	TOWNSHIP N.	RANGE, (E/W)M		
LIST ALL PURPOSES WATER	R IS USED FO	R:									
DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE  TIME OF YEAR WATER IS USED:  Continuous/Year ro								, LIST THE START AND END DATE  End:			
DESCRIPTION OF SPECIFIC	AREA ON WE	HICH WATER IS	BENEFICIALLY US	SED(USE ADDIT	IONAL SHEET	OF PAPER	IF NECESSARY)				
NO.	1/4 1/4		1/4	SECTION			TOWNSHIP N.	RANG	RANGE, (E/W)M		
For Pump Designo		_	Information  Turbine		ntrifical		Other				
MAKE		MODEL#		SERIAL#		НС	HORSEPOWER				
MOTOR		BHP		SF	SPEED		RF	RPM			
Water lubricated BOOSTER PUMP Yes No PUMP DISCHARGE HEAD P	BREAK I	Oil Lubricated HORSEPOWER  DISCHARGE PIPE DIAMETER		PF	PRESSURE			OPEN DISCHARGE  Yes No			
psi		2.00. # 1.02									
For Ground Water Ecology Unique We			mber(s)	, please ir	nclude att			copy of the	well log(s)]		
		feet below land s			surface	· · · · · · · · · · · · · · · · · · ·					
Yes Yes	,	AIRLINE INSTALLE			ED? AIRLINE LEN						
For Non-Pump De		Vater Sys		EN MESH SIZE		DESCRII	PTION OF WORKS METHOD OF	- CONTROL			

## **USE OF WATER FOR:**

1. Irrigation (Please include	e map of all ir		<u> </u>				
TYPE OF SYSTEM		NUMBER OF SPRINK EMMITERS	ERS OR	SPRINKLER/E	EMMITER MAKE		MODEL & RATED DISCHARGE
SIZE NOZZLE/EMMITER OPENINGS	AVERAGE PRESS SPRINKLER/EMMI		NUMBER C	F ACRES DEVE	LOPED	TYPE	OF CROP(S)
2. Municipal or Domestic S		MBER OF DOMESTIC U	NITS TO BE S	EDVED.	POPULATION	NI CLIDE	RENTLY SERVED
NUMBER OF DOMESTIC UNITS CORRENT	LT SERVED. NO	WIBER OF DOMESTIC O	NITS TO BE S	ERVED	FOFULATION	N CORP	REINILT SERVED
ALSO, provide the following	information, i	f applicable:					
☐ Department of Health	public water s	system identific	ation nur	nber.			
Map of the delivery sys	stem (provide	copy if water s	system is	done)			
Map of present service	e area and lot	s presently usi	ng water	(Non-Mun	icipal Use	rs).	
If platted property, pro	vide copy of t	he file plat map	or file re	ference n	umber No	n-Mu	ınicipal Users).
Other incidental benef	icial uses ass	ociated with the	e domest	ic supply (	Non-Muni	icipal	l Users).
3. Industrial or Commercial							
TYPE OF INDUSTRY OR COMMERCIAL PR	ROCESS						
If a waste discharge permit is	s required for	the facility, inc	lude a re	ference to	the permi	t nur	nber
4. Other Use of Water (des	scribe).						
4. Other Ose of Water (des							
	WΔ	TER USE AND	*MFAS	IREMENT	-		
IS A FLOW METER OR MEASURING DEVICE NSTALLED?		TER(S) OR MEASURING		<u> </u>	'		
☐ Yes ☐ No							
MAKE	SERIAL NUMBER		INSTALLAT	ION DATE	INSTAL	LED BY	<i>(</i> :
METER READING	DATE						
*Include copy of meter speci	ifications						
Actual amount withdrawn or include meter data or describ				_	neous an	d an	nual basis. Please
CUBIC FEET PER SECOND	ACRE FEET PER			PER MINUTE		TO	TAL GALLONS PER YEAR
CODICTELTFER SECOND	AONETEETPEN	ILAK	GALLONS	FLICIMINOTE		101	TAL GALLONG FER TEAR
If the existing water use as the water right which you a							
sheet.							
		41 4 1 1					
I,	<u> </u>	that I have co	mpleted a	appropriati . This notic	on ot wate ce and atta	er un ache	der Water Right Permit d documents are true
or approved water right change number, This notice and attached documents are true and accurate statements and describe and support my assertion that I have satisfied the terms of the							
permit/change in compliance	e with the law	•					
Permittee(s) Signature			Date		<del></del>		
State of Washington County of							
Signed and sworn to (or aff	firmed) before	e me on		by			
Seal				(Ci	\		
or				(Signature	)		
Stamp				(Title)			
				,			
				My appoin	tment exp	ires_	